

227

# CERTIFICATE OF ASSUMED BUSINESS NAME

**(Please type or print legibly)**

**To the SECRETARY OF STATE, STATE OF IDAHO**

**Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.**



97 JUL 14 AM 11:16  
SECTION OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

# Hanna's Pub

- 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:**

Name  
W.O. Graves Corp.

### Complete Address

1605 Arbor Ct Post Falls, ID

83854

- 3. The general type of business transacted under the assumed business name is:**

(mark only those that apply)

- ☒ Retail Trade      ☐ Manufacturing      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Agriculture      ☐ Finance, Insurance, and Real Estate  
☐ Services      ☐ Construction      ☐ Mining

- 4. The name and address to which future correspondence should be addressed:**

W. O. Graves Corp

16025 Arbor Ct

POST FALLS, ID 83854

5. Name and address for this acknowledgment  
COPY IS (If other than # 4 above):

**Submit Certificate of Assumed Business Name and \$20.00 fee to:**

**Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301**

**Secretary of State use only**

Signature: Ka Charles LP

Printed Name: Kori Graves

Capacity: VICE PRESIDENT

(see instruction # 8 on back of form)

**Ordering 7827**

**Journal of the American Medical Association**

**IDAH0 SECRETARY OF STATE**

07/14/1997 09:00  
 CX: 1300 CT: 04179 BH: 20959

1 @ 20.00 = 20.00 ASSUM NAME

D 6273